

C.M.S. NEWS-LETTER

"GO HEAL"

—a study in what it means to obey this imperative

Yesterday and To-morrow

Five facts to face

God's dealing with Man, and some implications

Man in relationship with God

Man in relationship with his fellows

Man in relationship with his environment

An Invitation

Dear Fellow-member of C.M.S.,

The *Spectator* for November 30, 1956, carried an article with the title "The Coming Crisis in Medicine". The main burden of the writer was to expose the need for a far more serious and systematic attack on the basic cause of ill-health. As the writer put it, "diseases are not so much entities in themselves, as the products of the interaction between the human constitution and the stresses to which it is exposed". There are two key words in that sentence, *stresses* and *interaction*. They explain the force of his insistence that "by far the greatest medical problem of the present day is how to achieve understanding of the workings of the mind".

From a very different source comes the following description by Professor Paul Tillich of a visit paid to Central Europe. In his book *The New Being* he writes of that visit:

"... What I saw was a sick people, sick as a whole and sick as individuals. Their faces are shaped by burdens too heavy to be carried, by sorrows too deep to be forgotten. And what their faces expressed, their words confirmed: tales of horror, stories of pain and despair, anxieties dwelling in their blood, confusions and self-contradictions disturbing their minds. ... Old hostilities are smouldering, new hostilities are growing, and there is no peace. A sick nation.

"But within this nation I found people who

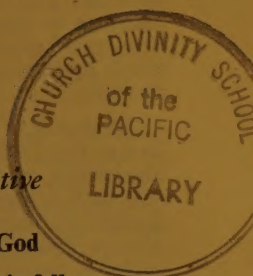
were healthy, not because the sickness was not written in their faces also. But something else was in them, a healing power, making them whole in spite of their disruption, making them serene in spite of their sorrow, making them examples for all of us, examples of what could and should happen to us."

YESTERDAY AND TO-MORROW

For all their difference of approach those two quotations pose problems and conjure up pictures which suggest a very different understanding of the ministry of healing, of the medical missionary task of the Church, from what was understood in the past by many medical missionaries and is still understood by the majority of those who support them.

If what those two quotations suggest is true then there is a need for a great deal of fresh thinking about both the meaning of healing and the means of healing. And this will have its repercussions on "medical missionary" work.

There is no reflection whatever upon the great pioneers of medical missions when we say that for the most part they saw their task in much simpler terms. They saw themselves as asked to minister to sick bodies out of the abundance of their skill in the best scientific medicine of the West, a skill as yet beyond the resources of those countries and peoples to



which they went. They also saw themselves as asked to minister to men and women who did not know Christ. Faced with a vast mass of physical need, they met that need with reckless self-devotion, being filled with the compassion of Christ. Faced with ignorance and superstition and fear and finding men and women in bondage to these and to the power of sin, they proclaimed the Gospel of redemption, presenting Christ as Healer and Saviour.

All that is, of course, still as true as ever to-day but there is this to be added: the experience of our generation is compelling us to recognize that the task of evangelism is a more complex one than was always understood in the past. In the realm of the physical we know to-day how many inter-related problems of social and economic character are involved. In the realm of the spiritual we are conscious of depths in the human personality and the importance of human relationships which call, not for a new Gospel, but for a wider application of it. And we are becoming increasingly aware of the close relationship of the physical and the spiritual in the health of body and mind and spirit.

The earlier, simpler understanding of the task of medical missions had an effect which was not intended — the Mission Hospital became isolated. It became more and more a centre for a highly specialized skill in healing the body. Wholly against the wishes of Christian doctors and nurses, but in spite of them, the healing of the whole person tended to be forced into the background. An awareness of this tendency has created a profound unease in the minds of those engaged in medical missionary work. But, as we shall see in a moment, they were caught up in a chain of events which tied and bound them. The important point which we have to note is that during the period of the modern medical missionary enterprise the Mission Hospital has tended to remain detached from both the church and the school. For many reasons, all of them eminently reasonable, it has tended to remain the preserve of the foreigner, of the foreign missionary contribution. In many places, as a result, the local Christian community accepts no serious responsibility for the Christian hospital. It is left to the foreigner. Belatedly, here and there, a change is coming over the situation. It would, however, be a very great mistake to imagine that the creation of a Hospital Board of Management to take the place of control by a Missionary

Society means that the local Church has seen the hospital as an integrated part of its Christian witness.

Now, in all that I have written above have been describing a development which has stolen upon the missionary enterprise largely unawares. No reflection is passed on the devoted men and women who, down the years, have responded to the divine commission, "Go heal".

To-day, however, we are faced with the inescapable fact of a whole world going through the tumult of unprecedented change, whole societies being convulsed by a revolution in their ways of thought and living. The mind of man to-day is under assault from many directions all at the same time. The fact that 44 per cent of the hospital beds in Britain to-day are in mental hospitals is one aspect of this age of mental unrest. Professor Tillich's picture of Central Europe is another. In the United States, so says Professor Tillich, 40 per cent of all those young men who are rejected by the Armed Services are unacceptable because of mental disturbances and maladjustments. In the July NEWS-LETTER I gave a number of illustrations of how devastating are some of the effects of rapid social change in Africa.

In such a situation it would be quite irresponsible to imagine that the traditional pattern of medical missionary work can, or ought to continue unchanged quite unaffected by our growing awareness of how decisive for health of the body is the health of the mind, and how the health of the mind is primarily a question of right relationships between the individual and God, his neighbour and his environment. We are slowly but surely being driven to face the fact that the Church itself, the community of Christians, must be a healed and healing society or in our day and generation there can be no effective obedience to the command "Go heal". That sentence carries with it by implication, the fact that there can be no discharge of that obligation which sees it for one single moment in isolation from the other commands — "Go preach," "Go teach," "Go baptize".

In any such understanding of the healing community of Christ the Mission Hospital will be found to occupy a different position in relation to the Christian Mission from what it has occupied hitherto. How that new position is to be defined calls for the most serious concern and attention not only of Christian doctors and nurses but of all those in

any position of responsibility for the Church's witness in the world.

FIVE FACTS TO FACE

Meanwhile the adjustment to the demands of a new age cannot be made *in vacuo*. There are five facts of decisive importance which between them seriously limit freedom of action.

(1) *The passing of a monopoly.* Until very recently, in vast areas of Asia and Africa, the Mission Hospital was the only place in which western scientific medicine was practised, and in which natives of the country concerned could learn the deeply spiritual principles upon which the practice of medicine in the West has been built up. Until recently the Mission Hospital was the only place in which nurses could be trained.

All that is now over. The Christian Church, through its missions, no longer has a monopoly. There may well still be, and are, places where as yet the Christian hospital has no effective rival. But everywhere the State has learnt to recognize its responsibility for the health of the people. However tardy it may be in taking up its responsibility, there is a writing on the wall. Already in many places where mission hospitals pioneered western medicine the State now offers greater facilities. What is more, it increasingly insists upon its right to control the medical service provided by voluntary agencies.

(2) *The challenge of nationalism.* The Government of a newly-independent country tends to be jealous of other authorities within its own territory. Where such authority, operating in the field of voluntary service, is associated with some alien people, perhaps the *ci-devant* controlling power, the Government is likely to assert its right of control. To this no exception can be taken. But it is idle to imagine that this will not inhibit the freedom of action of the medical missionary. When nationalism, as so often is the case, is buttressed by a non-Christian religion or by a secularist philosophy, freedom to make a hospital a centre of healing as the Christian understands it may well be threatened.

(3) *The inadequacy of finance.* The enormous cost of many modern drugs, and the increasing complexity of the practice of surgery, combine to make the cost of the Mission Hospital a nightmare to the Medical Superintendent or Hospital Manager and to whatever agency is responsible for the hospital. Government

grants are often generous. But sooner or later government grants spell government control of policy.

(4) *The lack of recruits.* For a wide variety of reasons, which there is not space here to explore, the last ten years have seen a steady falling off in the number of doctors and nurses in the West offering for service in Asia and Africa. This has already meant the closing of many mission hospitals and is likely to mean the closing of many more.

(5) *The conservatism of the local Church.* The Mission Hospital often holds a place of great affection in the minds of the local Christian community. At one level it has been a place where physical needs have been met, and spiritual needs also. At another level it has been a source of great prestige to the local Church. For both reasons the local Christian community resists any change in the *status quo*, and is rarely willing to face any of the facts outlined above and their implications which call for a new valuation of the healing mission of the Church, and a completely new approach by the local Christian community towards its own role in the ministry of healing. These are hard facts and we achieve nothing by ignoring them.

What does all this mean for the healing mission of the Church? Most certainly it does not mean that it is over. The quotation from Professor Tillich, at the beginning of this NEWS-LETTER, points clearly to the fundamental healing task of the Church. What is wanted immediately is the widespread recognition by Christians, those on the staff of Christian hospitals and those Christians on the staff of State hospitals, as well as by others in the field of education and in the pastoral ministry, that there is a new kind of task to be undertaken which will call for the best thinking and the most courageous action on the part of a Church which really does see its healing mission as being concerned with the health of the whole man.

All that I have written so far has been in very general terms describing a changing situation. For the rest of this NEWS-LETTER I want to try to present some of the basic Christian insights which are going to call for increased attention if we are going to play our part in the healing task to which God is calling us to-day. I would like to add that this "increased attention" is going to be called for every whit as much from those who support the medical missionary work of the Church as from those engaged in it. In the

course of what follows I will be drawing for illustrations upon letters from missionaries — doctors, nurses, hospital managers and others — a very large number of whose letters I have recently been reading.

GOD'S DEALING WITH MAN, AND SOME IMPLICATIONS

I want to begin by stressing the Biblical insight that the nature of Man is that God made him, God loves him, and God energizes him. In healing the Christian can rely not only on a *vis mediatrix naturae* but also upon a *vis mediatrix Dei per Iesum Christum Dominum nostrum*.

This *vis mediatrix Dei* is discovered in human experience as a personal encounter. It is therefore fundamental to the Christian practitioner of medicine that he seeks to ensure that all his practice reflects this person-to-person approach. Certain corollaries would appear to follow:

(i). Healing involves the whole person and therefore can never be the exclusive prerogative of doctors and nurses as such. Every Christian doctor and nurse will recognize the truth of that. Their technical qualifications *alone* do not qualify them to deal with the whole person of any patient.

(ii). Making men every whit whole involves, at the very least, if there is to be a person-with-person encounter, a ratio between doctor — nurses — and patients which when wilfully ignored, overthrows the art of healing as the Christian is coming to understand it.

(iii). A knowledge of the language of the patient is so important that the acquiring of that knowledge *must* be allowed to take precedence over the immediate relief of suffering. The approach to the mind of a man is best secured through symbols, verbal or otherwise, with which he is familiar in the depths of his subconscious self. If what this NEWS-LETTER began by quoting is true, then for the medical missionary to ignore the learning of the language of his patient is as serious as for an unqualified person to undertake major surgery. That glimpse at the obvious will only be challenged by those who take a materialistic and limited view of the meaning of healing. A missionary writes:

"A great obstacle to the evangelistic usefulness of all missionaries at —, and a cause of continuous waste of time in every activity in which contact with the bulk of the patients is concerned, is the lack of a working grasp of the language. It is generally

agreed to be a difficult language though think the difficulty can be over-rated. have been very glad of the training received at the Wycliffe language course (*a course study to which all our C.M.S. recruits training are sent, otherwise than a few for whom other preparation is provided*) which I think is sufficient to enable all technical difficulties to be overcome. The remaining obstacle is lack of time. In this there is a vicious circle—little language; medical work done slowly; no time to learn. I think it has been broken by the institution of regular lessons at set times, though my own progress has been very slow, on account of lack of 'spare' time for private memory work. If there was enough staff to give individual frequent time off, in days or weeks together purely for language study, the long-term benefit would be enormous."

There are very few, I think, who will wish to challenge the truth of what that missionary has written and his conclusion.

(iv). The fourth corollary which follows, if No. iii is taken seriously, is that failing an increase in the number of available doctors, nurses and other medical auxiliaries, whether from local sources or from abroad, the amount of medical work being done must be reduced to a far greater extent than has yet been accepted as necessary by any but the rarest mission hospitals. Fundamentally this raises theological issues, not medical issues, and a right judgment, whatever it be, can only be arrived at on the ground of theological principle. Corollary No. i is essentially theological in character though not always recognized as such.

(v). Implicit in a Christian approach to healing is the conviction that because people matter we shall be as concerned with preventing their illness as with curing them once they have become ill. This corollary has a whole range of subtle implications. The size of the hospital and its relation to other hospitals, where these exist, as to an increasing extent they do, will be determined very largely by whether the unconscious motive behind the working of the hospital is getting the maximum number of people into it or keeping the maximum number out! This again ties up with the way in which the hospital is conceived in terms of its Christian witness. Is it designed to bring the maximum number of people to listen to the Gospel in the outpatients' department or in the wards? Or is it designed to serve the total witness of the Christian community in the whole neighbourhood? The two are by no means necessarily the same.

And if it is argued, as it may rightly be argued, that there are places in the

world where the Christian hospital can be a unique "place of meeting" between Christians and non-Christians, between the Christian faith and non-Christian forms of belief, then it is important to ask what constitutes a "place of meeting" in this sense? It will mean at least two things—a place in which a person-with-person encounter is possible and normal, and a place in which a certain atmosphere is so marked that patients know that the love of God is abroad in their midst.

Let me record a "candid camera" shot of one piece of medical work run in connexion with a church in Asia, with which one of our missionary doctors was recently associated for a short time. She writes:

"The task of adequately meeting the medical needs of the people in that area was in no way completed and, as a centre for evangelism, it failed utterly. The staff were Christians but the race against time and the noise were so great that, with one or two exceptions, the only witness given was when we were able to keep our tempers and refused to shout at the next patient."

I would not deny for a moment that there may come times and occasions when the Christian in the ministry of healing may find himself called to serve in similar circumstances. Nor do I belittle for a moment the sanctifying grace needed in keeping one's temper. I often lose mine under far less provocation. But the conditions described in that quotation hardly correspond to a "place of meeting". Still less is it possible to claim that in such circumstances the individual can be treated as a person. There is no easy answer to the questions posed by just such a situation. But at least let us recognize the questions as demanding serious answers.

(vi). It is difficult not to believe that part of the answer will be found by our seeing Christian medical work in a new perspective and its relationship with the Christian community and any Christian schools in the neighbourhood much more clearly envisaged. A good illustration of how this is being attempted comes in a letter from one of our missionaries. He writes:

"I have just returned from a nine day camp in the hills with 200 students, mostly newly admitted to the college, to which I went as Medical Officer. These days helped me to establish friendship with many of the students and provided opportunities of spiritual talks with some of them.... I believe that such links, uniting our various Christian institutions within the Church, can only do good."

Each one of these six corollaries to the Christian understanding of man calls for a remarriage of theology and medicine. And that means something vastly more profound than giving gospel talks in the ward or even praying before an operation. It will involve for the Christian Church a rethinking of its whole mission of healing.

The Christian doctrine of man calls, however, for a deeper understanding than anything so far suggested. The person of the patient, the man who comes to us as a sufferer, is always a person-in-relationship. He never is an isolated individual to be dealt with as such.

MAN IN RELATIONSHIP WITH GOD

In the *first* place he is a person-in-relationship with God. And God is known in Jesus Christ as "holy purpose in action". To be attached to God is to be committed to sharing His purpose and His action. Salvation is not salvation *out of* this naughty world but salvation *into* it. For God is in the world saving the world and the only way of being saved is to join Him there. Some day we shall be privileged to enjoy Him in heaven. At the moment our mighty privilege is to enjoy with Him the harrowing of hell. This truth should challenge each one of us to realize the depth of the evangelistic task assigned to us, and should save us from any easy idea of the meaning of conversion. To be healed is to become a healer or it is to remain in serious danger of relapse into ill-health. This further glimpse into the obvious is a further reminder that the ministry of healing is a corporate activity involving the Christian community and not a specialized activity of a few professionally equipped individuals.

Wherever church and school and hospital are beginning to recognize that they are inseparably joined together in one common activity, each depending upon and contributing to the other, there a new pattern of healing is envisaged. Incidentally, and this is very important indeed, only some such insight will enable the Church to offer any kind of effective resistance to the totalitarian state—the state as it is slowly coming to be *everywhere*.

If a hospital is to demonstrate the truth of this insight that man is a person-in-relationship with God, then more is called for than ward preaching and preaching to out-patients, two activities which very easily come to be treated as something external to the routine of the hospital, or as being the "something *plus*" which

denominates it a Christian hospital. There is a dangerous fallacy here for at any moment the State may prohibit such preaching. Another and far more searching plan is being attempted in one large mission hospital. I quote from the Medical Superintendent:

"We have tried having every Wednesday afternoon as a quiet afternoon. We have an address in the morning, and time off in the afternoon to think and pray about it, and then another meeting in the evening at which we pool our findings, and give an opportunity for the leader to complete the theme. After that meeting we have all the hospital weekly Bible Classes.

"We have all found Wednesday afternoons to be a very real help. We have no operations then and see no private patients. There are no lectures, and only the essential nursing of the patients is carried out so that they are not neglected. The more busy we are the more worthwhile this time becomes."

My reason for quoting that extract is that it shows a Christian hospital in which the Christian staff recognize that the fundamental relationship of man-with-God must have corporate and public witness borne to it. In this connexion I would add that on Sundays the same hospital staff do their best to fulfil the duties of Christian worship, and take their share in the life and witness of the local Christian community. But the Wednesday "quiet afternoon" as the Medical Superintendent remarks, is the opportunity for "personal quiet and study which are so essential for every Christian in order to ensure spiritual poise and perspective".

"Poise and perspective"—that is a tremendous ideal. Few of us attain it. Here a busy Christian hospital is seeking this goal in the right way by its deliberate recollection of man's relationship with God.

MAN IN RELATIONSHIP WITH HIS FELLOWS

In the *second* place man is a person in relationship with his fellow-men. Let me quote from a letter from the doctor in charge of a small village hospital in India, a letter which seems to me to illustrate this truth superbly. She writes:

"This is a place where we endeavour to enjoy and understand and appreciate the way of life of our village neighbours to such an extent that we can be accepted as true neighbours in the Christian sense, ready and trained and equipped to help their real needs in a way acceptable to them. As our wit in seeing their real needs develops, as their needs change or as the acceptability of what we can offer varies so the work is bound to vary from time to time.

"We see things in the setting of village life so we cater for all, men, women, children and animals. The hospital compound is as near as possible a replica of their familiar village life. The family comes and lives with the patient, whether young or old, high caste or low caste, rich or poor, so we have here a collection of families of all strata of society, as in any village. They can go out in the morning to collect cow dung to make their little cooking fires outside each hospital room, and to clean its floor, just as they would at home. If poor they can come in the morning to the hospital leaders, as they would to their village leaders, to seek paid daily labour in our adjoining fields or orchard, or on any building or other jobs we have in progress. There is at present no desire on our part to do away with the family system. If visiting hours were enforced it would greatly lessen the bond between us. Many people who accept us almost as brothers would be too frightened to come near.... Patient's relations are allowed to squat quietly on the floor in the operating theatre if they wish during an operation, which they nearly always do wish.

"Similarly when one of us is called out to distant villages for obstructed midwifery cases where distances or conditions necessitate staying the night, it is natural to be accepted into the household and given a meal and a shakedown on the floor with the other women. These seem to me the things which are of real value in making a way whereby the love of God could flow through committed Indian Christians to their Hindu and Muslim neighbours.

"I always feel that this is a link and a way through which God's Kingdom could come into the villages in our part, if only we as a staff were of the right calibre to be used in this connexion. It is impossible to know how far we are used. Our neighbours see naturally through living with us, and we with them, our way of life, our attitudes one to another and how much the love of God pervades our life and how far our worship and our life are one, for our Sunday school, daily worship, dramas, etc., are all held in very public places where any interested can attend."

There surely is a picture of how a Christian hospital can demonstrate man's relationship with his fellow-men. Not every hospital can do it in precisely the same way. But if there is to be Christian healing it must try to do it in some way. The linking of the hospital with the homes and families of the patients represents one of the most important means of Christian healing for the life of the community. Once again it is obvious how vitally necessary it is for the hospital to be intimately linked with the life of the Christian community around it, or, when this does not exist, to see the need for "extra-mural" activity as being essential to its healing task.

MAN IN RELATIONSHIP WITH HIS ENVIRONMENT

The Christian doctrine of Man sees him not only in relation to God and his neighbour but also to his environment, to the world of things, to what Martin Buber has called the "I—it" relationships of human life.

A Christian hospital, if it is to match the challenge of its task, has to take this relationship seriously, as indeed does all Christian healing. For success in making men every whit whole depends on a correlation of the activities of healing with the work of agriculturists, educationists and sociologists. Happy is the Christian hospital where such correlation can be made between its own staff and Christians occupying these other positions. But even if they are not Christians there must still be correlation. It is at least possible that a Christian hospital which takes this side of its task seriously will, by its initiative, lead some non-Christians to take the claims of the Christian faith more seriously.

Certainly in Asia and Africa to-day the Christian engaged in the task of healing has to take the problems of society seriously, and one of the greatest of these is the problem of a population increase proceeding at a pace which far exceeds the available food supply. Medical missions have made a very great contribution to the vast problem of death-control. In the process they have contributed to the present disastrous increase of population. They cannot evade responsibility for grappling with the social problems presented by those who do not die. This, of course, is a task for the Church as a whole. But the Christian medical profession will have its own distinctive contribution to make, beside that of the teacher and pastor. Family planning through the disciplined control of conception is a subject calling for a great deal more courageous Christian thinking than it is as yet receiving. The conspiracy of silence by Christians on this subject is calculated, in much of Asia to-day, and to-morrow in Africa, to reduce the influence of the Church to the periphery of human life. Here again there are no easy answers. But we do grave disservice to the Church's witness by refusing to see that answers, true Christian answers and therefore truly relevant answers for every situation, must be sought and found.

Meanwhile there are many other ways in which in the healing task there is opportunity for Christian witness in

regard to things—to man's environment. Part of this environment consists in the organization through which our service is given. Let me quote from one of our missionaries serving on the staff of a great Christian teaching hospital. He writes:

"As doctors trying to serve each patient in the spirit of Jesus, we must all the time be sadly conscious of how desperately superficial our contact with most of them is. Even with those to whom we are able to bring a real measure of physical healing, with whom we are conscious of having established a real bond of love, we have almost always failed to point clearly or at all convincingly to the Spring of all love. As in our own experience of healing of heart and mind we become clearer that this comes through Jesus alone, so we must feel more and more aware of the inadequacy of our mediation of Him to others, of how unfinished is each of the tasks He sets us with people each day. But not only that. Medicine becomes daily a more intricate art, and a Medical College in consequence a more complex organism. As we grapple to master and pass on these ever-unfolding intricacies, and to avoid becoming engulfed in technicalities, so we become more acutely conscious of the dimensions of this task. An institution like ours with its huge membership and all its activities has to be brought to the point of complete submission to Jesus, to the point where all the laboratories and ancillary services and all the specialist departments with their refined and complicated techniques are harmoniously and vitally integrated to one end, the mediation of His intense and loving concern for each individual coming for help. If, as I think, this is the role of a Christian hospital, then we cannot think in terms of a task unfinished so much as a task that is hardly begun."

"Complete submission to Jesus"—anyone who has ever tried to bring an organization to that point knows what the writer is talking about when he says the task is "hardly begun". But let us thank God for vision when we see it in some one else. The above quotation is a glimpse into a serious attempt to see Man in relationship to his environment and to claim both Man and the environment for God. That is one essential aspect of the task of evangelism, as it is of the meaning of witness.

AN INVITATION

This NEWS-LETTER has posed some of the questions which confront the medical missionary enterprise of the Christian Church to-day. It has suggested that the future of that enterprise is likely to be very different from the past. If that be so then great adjustments of mind will be called for both by those who are engaged in this mission and by those who support

them. Here is one of the many contemporary challenges to the Christian mind. I am deeply convinced that the quotations with which I began this NEWS-LETTER contain some of the clues to the way forward. But we shall get nowhere unless our mission of healing is firmly grounded in the true nature of man as God has created and redeemed him. For this reason I have tried to raise some of the theological issues implicit in the healing mission of the Church. In doing so I have drawn for illustration upon letters from medical missionaries which show something of the imaginative grip and devotion with which many of them are seeking for the right answers. I hope that

what I have written may be at once tribute to them and a challenge to every reader to think, to pray, and to seek to win others to active co-operation in the healing mission of the Church of Jesus Christ through which alone, so we believe the world can know, in Tillich's words "the power of reconciliation whose work is wholeness and whose name is love"

Your sincere friend,

Max Hareman

General Secretary

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BOOKS OF THE MONTH

- * *The New Being*, by Paul Tillich. (S.C.M. Press, 1956.) 12s. 6d., by post 13s.
- * *Man's Search for Health*, by Phyllis L. Garlick. (Highway Press, 1952.) 15s., by post 16s. 3d.

For the layman in matters medical who wishes to understand the inter-relation of religion and medicine, to learn something of what has been explored in this regard in other cultures than that of the West, to see what the Church has attempted down the centuries, to glimpse the modern enterprise of medical missions against this background, and finally to understand some of the modern trends in the field of healing, this book is incomparably the best study available.

* Obtainable from C.M.S. Publishing Department or may be borrowed from the C.M.S. Library.